



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization N	ame:	GUPAC DI	ELAWARE				
Account Number:	_		_	Date of	this Report:	12/12/06	
REPORTING PERI	OD:	FROM:	10/31/06	_ TO:	_12/	6/06	
Check the box that a	pplies to	this report:					
Primary Election		□ 8-DAY	☐ 30-DAY		Office:		
General Election		□ 8-DAY	☐ 30-DAY		United the second	NA	
Other Election		□ 8-DAY	□ 30-DAY				
Special Election		□ 8-DAY	□ 30-DAY				
Year End Report		Final Org	anization Closing			Closing Date:	12/6/06
egulations regardin	g Campa te Electio	ign Finance and	tis Financial Report pac I the election process in will perform an audit o	the State o	f Delaware.	I understand that rided on this report.	representatives from
REASURED SIGNATU						DAT	
ANDIDATE SIGNATU	RE					DAT	E



STATEMENT OF ACCOUNT BALANCE

A	CCOUNT #:	REPORTING P	ERIOD: 10/31/06	12/6/06
			FROM	то
1.		G BALANCE Balance from last reporting period)		<i>300</i> .
2.	RECEIPTS			
	Α.	SCHEDULE A - TOTAL RECEIPTS		
	В.	SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTION	NS	
	C.	SCHEDULE D-1 – TOTAL LOANS RECEIVED		
	D.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMEN	NTS RECEIVED	0
	E. SUB	TOTAL (Total of A, B, C, D)		
3.	EXPENDIT	URES:		
	F.	SCHEDULE B - TOTAL EXPENDITURES		200.
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES	;	
	н.	SCHEDULE D-2 – TOTAL LOAN PAYMENTS		
	I.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMEN	NTS PAID	
	J. SUI	BTOTAL (Total of F, G, H, I)		200.
4.	ENDING BA	LANCE Balance plus 2E, minus 3J)		0
5.	VALUE OF	NON-CASH ASSETS (From Schedule F)		
6.	VALUE OF	DISPOSED/TRANSFERRED ASSETS (From Schedule G)		0
7.	VALUE OF	LOANS AT END OF PERIOD (Loan Balance from Schedu	ile D-2)	0
8.	CLOSE OUT	BALANCE (Must equal zero if Committee closed)		0



SCHEDULE A - TOTAL RECEIPTS

CT #:	_		REPORTING PERIOD:	10/31/06 FROM	TO TO
				FROM	10
\$50. Al	I receipts from Po	olitical Committees must be ite	ipts from sales of items must be item mized. NOTE: If you receive funds to h item must be listed if the aggregate	from the same person	if the individual a
			OLITICAL COMMITTEES:		
Date eceived	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	e Amount Received
	1				
			 		-
TAI DE	CEIPTS OF PE	DSONS IN EXCESS OF SIM	0 AND POLITICAL COMMITTE	FS	0
IAL RE	CEIT 13 OF FE	ROOMS IN EXCESS OF \$10	VALUE COMMITTE		
TAL RE	CEIPTS OF PE	RSONS NOT IN EXCESS O	F \$100		0

0

GRAND TOTAL RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:		REPORTING PERIOD:	10	131/06	12/6/06
				FROM	TO
of the amount must be listed	with office sought. NOTE: if the aggregate amount is	e reporting period. All expenditures to Political Committed IF you expend funds to the same person or organization over \$100, even if the individual amounts are not.	ees must be it is several times	emized, regardle s during the repo	ess orting cycle, each ite
Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
12/6/06	GOPAL INC	600 13th St. NW WASHINGTM, DC 2000	99	200	200.
_					
_					
					1
	-				
TOTAL EXP	ENDITURES IN EXCESS	S OF \$100 AND POLITICAL COMMITTEES			200.
TOTAL EXP	ENDITURES TO PERSO	NS NOT IN EXCESS OF \$100			0

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

200.

GRAND TOTAL EXPENDITURES



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #:	<u> </u>	REPORTING PERIOD:	10/31/06 FROM	12/6/06 TO
			FROM	то
NOTE: If you re each item must b IN-KIND CONT	ceive in-kind contributions from the listed if the aggregate amount TRIBUTIONS IN EXCESS OF	charge or less than fair market value the same person or organization sev t is over \$100, even if the individual F \$100: ARKET VALUE LESS ANY PAYMENTS	eral times during the reporting pe amounts are not.	riod,
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
				_
TOTAL IN-KIN	D CONTRIBUTIONS IN EX	CESS OF \$100		0
TOTAL IN-KIN	ID CONTRIBUTIONS NOT I	N EXCESS OF \$100		0

GRAND TOTAL IN-KIND RECEIPTS
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:		REPORTING PERIOD:	10/31/06 FROM	12/6/06
			FROM	TO
NOTE: If you pay each item must be N-KIND EXPEN	in-kind expenditures to the sa listed if the aggregate amoun NDITURES IN EXCESS OF	narge or less than fair market value in exame person or organization several time at is over \$100, even if the individual and \$100: MARKET VALUE LESS ANY PAYMENTS YOU	s during the reporting period, nounts are not.	
Date	Payee	Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expende
OTAL IN-KINI	EXPENDITURES IN EXC	TESS OF \$100		0
OTAL IN-KIND	EXPENDITURES NOT IN	EXCESS OF \$100		0

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

ACCT#:		REPORTING PERIOD:	10/31/06	10,	TO
	-		FROM		то
All loans in excess o	\$50 RECEIVED DURING THIS REPORTING	PERIOD should be itemized on this schedule. NOTE: These loans m	ust also be listed on Schedule D-2.		
CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	D IN EXCESS OF \$50:				
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
	The second secon				
	·				
TOTAL LOANS R	ECEIVED				0
	CEIVED SHOULD ALSO APPEAR ON PAGE 2, STATES	MENT OF ACCOUNT BALANCE, ITEM 2C)			



SCHEDULE D-2 - LOANS

I outstanding	g loans in excess of \$50 must be li	isted. This includes loans from Lending Inst	tutions, Candidate's Personal Funds and	Other Contributors.			10/31/06 FROM	10
	XCESS OF \$50:	SEO						
Date eceived	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance	
_								
_								
_								
\dashv				_				
-								
			104					
_								
-								

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 31; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 31;

TOTAL LOANS



SCHEDULE E - EXPENSE REIMBURSEMENTS

CCT #:			REPORT	ING PERIOD: /	FROM
	rsements received by you and paid by you must be iter				
Date eceived	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amoun	Reimbursement Received
			_		
_					
OTAL REIMBU	RSEMENTS RECEIVED				0
EIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.5				O
EIMBURSEMENTS			Activity Date	Total Expense Amount	Reimbursement
EIMBURSEMENTS EIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred. Description	Activity	The state of the s	Reimbursement
EIMBURSEMENTS EIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred. Description	Activity	The state of the s	Reimbursement
EIMBURSEMENTS EIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred. Description	Activity	The state of the s	Reimbursement



SCHEDULE F - NON-CASH ASSETS

ACCT #:		REPORTING PERIOD:	10/31/06 FROM	12/6/00
			FROM	12/6/00 TO
contributed to the organ	nization.	ng those paid for by the organization, lent to t	the organization and	
Date Date	Description			** 1
Received	of Asset	Location of Asset (Physical Ac	idress)	Value of Asset
		0x 125000 (2 m) 0x 0m1 120	rdi css)	OI PASSEL
TOTAL ASSET VAL	UE			0

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

ACCT #:	· ·	REPORTING PERIOD:	10/31/06 FROM	12/6/06
			FROM	12/6/00 TO
Itemize all assets dispos	sed of, transferred or sold by the organ	nization during the reporting period.		
ALL NON-CASH ASS	SETS			
Date	Description	Disposition	T	Value
Eliminated	of Asset	of Asset		Received
				921
TOTAL ASSETS ELI	MINATED			0

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)